

MULTIPLE DEPT. CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

10/561061

FILING DATE

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2	1						52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7	1						57						
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10	1						60						
11		1					61						
12	1						62						
13		1					63						
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15		1					65						
16		1					66						
17	1						67						
18		1					68						
19		1					69						
20		1					70						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	16	1											
TOTAL DEP.	16	1											
TOTAL CLAIMS	22												